

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CF</i>	<i>551</i>	<i>6/29/00</i>
O.I.P.E. CLASSIFIER			<i>6/29/00</i>
FORMALITY REVIEW	<i>AS</i>		<i>8-10-00</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 -: ..... Restricted O ..... Objected

Claim	Date
Final	
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19	<i>✓</i>
20	<i>N</i>
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28	<i>N</i>
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37	
38	<i>✓</i>
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40	<i>N</i>
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43	<i>N</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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